

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. | FILING DATE | | | | |
|--------------------|----------|------|------------------------|------|------------------------|--------------|-------------|---|---|------|------|
| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | IND. | DEP. |
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| 25 | | 1 | | 1 | | | | | | | |
| 26 | | 1 | | | | | | | | | |
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| 28 | | 1 | | 1 | | | | | | | |
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| TOTAL IND. | 5 | | 5 | | | | | | | | |
| TOTAL DEP. | 17 | | 17 | | | | | | | | |
| TOTAL CLAIMS | 17 | | 22 | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS